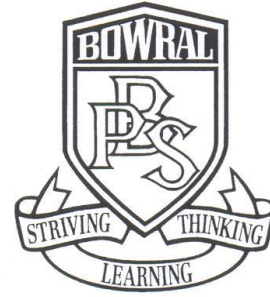


# Bowral Public School

PO Box 865  
Bendooley Street  
BOWRAL NSW 2576

Telephone: (02) 4861 1086 Facsimile: (02) 4862 1004  
Email: bowral-p.school@det.nsw.edu.au



Tuesday 5 June, 2018

## **Bowral Public School Boys' Hockey Team 2018** TRAINING CONSENT FORM

Dear Parents/ Caregivers,

**Congratulations**, your son has been chosen as a member of the 2018 school boys' hockey team. This team will participate in the NSW PSSA Knockout competition in 2018. The date of our first game is still to be confirmed and, hopefully, a permission note will be sent home in the coming weeks.

We will begin training next week (Wednesday 13 June) and we will continue training until we are knocked out of the competition. Training for the boys' hockey team will be held each Wednesday morning at school in Hyde Park from **8am until 8.50am**.

The boys **MUST** bring their mouth guard and shin guards to every training session, and their hockey stick (optional). Please let me know if your son is unable to attend the weekly training session.

Please complete the attached permission note and return to Mrs Ayling no later than **Tuesday 12 June 2018**. Should you require any further information I can be contacted at school on 48611086 or mobile 0409773077.

Kind Regards,

Mrs Molly Ayling  
Boys' hockey team manager/coach  
K Rose Teacher

Mrs Wendy Buckley  
Principal

## Bowral Public School Boys' Hockey Team Parent/Caregiver Training Consent Form

I/ We hereby give permission for my/ our son \_\_\_\_\_  
of class \_\_\_\_\_ to train with the boys' school hockey team at Bowral Public School,  
Hyde Park each Wednesday morning 8am-8.45am whilst we are still in the 2018 knockout competition,  
commencing Wednesday 13 June 2018.

If required, I consent to the supervising teacher seeking medical treatment that she feels is necessary. To the best of my knowledge, my child has no medical condition, disability or injury, which puts him at risk in participating in this activity.

My child has the following special needs:

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Medication needed:

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Signature:  Parent/ Guardian	Print name:	Date:
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Daytime contact phone number:	Mobile Number:
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Medicare Number:	Position on card:	Expiry date:
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